

To Be Completed by the Department					
Program Name					
License Number					
Date original complaint filed (BCHS-SUD-200)					
Date Appeal filed with Regional Entity Consultant (BCHS-SUD-210)					
Date Appeal Received (BCHS-SUD-220)					

Substance Use Disorder Programs DEPARTMENTS INVESTIGATION REPORT

1.	Findings: The allegations in this appeal have been investigated (insert form numbers). The findings are as follows:				
		Support the allegations Support the allegations in part		Do not support the allegations Are inconclusive	
2.	Narrative summary of investigation and findings are enclosed (department investigation attached)				
3.	If required	d, remedial action to be taken by the p		d Remedial (Corrective) action required its to be implemented:	
	Submitted by: The Department Signature Date				

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